United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

I. Name and Address of Reporting Agency

UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Area of Review

United States Environmental Protection Agency NEBRASKA OIL AND GAS CONSERVATION COMMISSION (NOGCC) PO BOX 399

SIDNEY, NE 69162

		au	thority	of the Safe Drinking Water A											
II. Date Prepared (month, day, year) III. State Contact (name, telephone no.)							IV. Reporting Period (month, year)								
10/30/2014 STAN BELIEU, 308-254-6919						From Octol	per 1, 2	2013		09/30/20	14	1			
						Class and Type of Injection Wells									
									т						
		Item		ı .	SWD 2D	ER 2R	HC 2H	Ш	iv	v					
V. Permit Application Number of Permit Applications Received							13	1							
		A	Number of Individual Permits Issued (One Well)		New Wells		13	1							
	Permit				Existing Wells										
VI.		В		Number of area Permits* Issued (Multiple Wells)	New Well Field										
Permit Determin- ation	Issued		(*See	instructions on back)	Existing Well Field										
		С	1	Number of Wells in Area Permits	New Wells										
			<u> </u>	3 above)	Existing Wells										
	Permit Not Issued	D	(after	er of Permits Denied/Withdr complete technical review)	awn										
	Modification Issued	E	Numb Modifi	er of Major Permit cations Approved	***************************************										
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			ed	Wells Reviewed		180	383							
					Wells Deficient										
VIII.	Wells Reviewed Wells Identified	A		er of Wells	Abandoned Wells		89	4							
		ļ	in Are	a of Review	Other Wells		38	6							
		В	Number of Wells Identified for Corrective Action	Abandoned Wells											
Area of	for C/A		W		Other Wells			1*							
Review (AOR)	Wells with C/A	С	Number of Wells in AOR with Casing Repaired/Recemented C/A												
			2. Number of Active Wells in AOR Plugged/Abandoned												
			3. Number of Abandoned Wells in AOR Replugged												
			"0	mber of Wells in AOR with ther" Corrective Action				1*							
* SEE A	Ad Hoc Report FTACHED	(Atta	ch addi	tional sheets if necessary)											

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

3 Belien

10/30/2014

Telephone No. (308) 254-6919

FY 2014

FORM 7520-1

VIII. C. 4. AOR showed unplugged wells. Zoey calculation showed no chance for endangerment at permitted pressure and rate.

\$EPA

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System
Part II: Compliance Evaluation

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

NOGCC

PO BOX 399

SIDNEY, NE 69162

authority of the Safe Drinking Water Act)															
II. Date Prepared (month, day, year) III. State Contact (name, telephone no.)					IV. Reporting Period (month, year)										
10/30/2014		STAN BI	From To 09/30/2014												
						Class and Type of Injection Wells									
						II I									
ltem						SWD 2D	ER 2R	HC 2H	111	IV	v				
	Total Wells	Α	Number of Wells	s with Violations		21	58								
v.			1. Number of U Injection Vic												
Summary			2. Number of M	lechanical Integrity Violations		7.	7								
of	Total Violations	В	3. Number of O Maintenance	peration and Violations											
Violations			4. Number of P and Abandor	lugging nment Violations											
			5. Number of M Reporting Vi	lonitoring and iolations		9	20								
			6. Number of O	Other Violations E ATTACHED		5	31								
	Total Wells	A	Number of Wells Enforcement Ac			21	58								
			1. Number of N	lotices of Violation											
VI.			2. Number of C												
Summary			3. Number of A	dministrative Orders											
of	Total Enforcement	В	4. Number of C												
Enforcement	Actions		5. Number of C	riminal Referrals											
			6. Number of W												
			7. Number of Pipeline Severances												
			8. Number of O	ther Enforcement Actions		21	58								
VII. Summary	Number of We				19	51									
of Compliance	Returned to Compliance		liance	B. This Year											
VIII. Contamination	Number of Cases of Alleged Contar			nination of a USDW											
IX. MIT Resolved						57	71								
X. Remarks/Ad Hoc Report (Attach additional sheets)															
l certify	that the statem	ents	L have made on t	Certification		ie accurat	e and cor	nnlete I	acknowled	ne that any					

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

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10/30/2014

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FY 2014

EPA FORM 7520-2A

- V. B. 5. Wells with paper work violations including, past due SFL, Form 11 (injection reports).
- VI. B. 6. Wells with past due MITs.
- VI. A. All wells that have violations receive some type of enforcement action. The operators of the wells listed in this category, have received letters or phone calls directing them in the course necessary to bring the well back into compliance.

\$EPA

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part III: Inspections **Mechanical Integrity Testing**

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

NOGCC PO BOX 399

SIDNEY, NE 69162

III. Date Prepared (month, day, year) III. State Contact (name, telephone no.)					IV. Reporting Period (month, year)										
10/30/2014 STAN BELIEU, 308-254-6919						From To									
							October 1, 20 13 09/30/2014								7
							Class and Type of Injection Wells								
							<u> </u>	Class and Typ		1 111]	ection we		т—		
								CWD			-				
ltem							ı	SWD	ER	HC		Ш	ıv	v	,
Total A Number of Walls Institute of						1	2D	2R	2H			ļ			
	Wells	Α	Num	ımber of Wells Inspected			160	610	<u> </u>		<u> </u>	ـــــا	<u> L</u>		
٧.			Number of Mechanical Integrity Tests (MIT) Witnessed Number of Emergency Response or Complaint Response Inspections Number of Well				28	42							
Summary										\neg					
•	Total	В							L=			<u> </u>	<u> </u>	_	
of	Inspections		3. Number of Well Constructions Witnessed			<u> </u>	2	5	<u> </u>			<u> </u>	<u> </u>		
Inspections			4. Number of Well Pluggings Witnessed				2								
			5. Number of Routine/Periodic				128	563		\exists	Г				
		┝		Inspections Number of Wells Tested or Evaluated				<u> </u>		<u> </u>	井			<u> </u>	
	Total Wells	В	for Mechanical Integrity (MI)				28	42	<u> </u>				<u> </u>		
				Pass	ed 2-part test										
			Test	ed/Evaluated for MI	Faile	d 2-part test				<u> </u>					
VI.	For Significant Leak	С	Number of Annulus Pressu Monitoring Record Evaluate		Well Passed										
				tions	Well Failed										
Summary			2 No. of Casing/		Well Passed		21	36							
			Tubing Pressure Tests			Well Failed		7	7						
of			3. Number of Monitoring Record Evaluations		Well Passed										
					Well Failed										
Mechanical			4. No. of Other Significant Lea Tests/Evaluations (Specify)	eak	Well Passed										
)	Well Failed						AT 70 man and a 1				
Integrity	For Fluid Migration	D	1 Number of Cement		Well Passed										
			Record Evaluations			Well Failed									
(MI)			2. Number of Temperature/		Well Passed										
			Noise Log Tests			Well Failed									
			3. No. of Radioactive Tracer/		Well Passed										
			3. Cement Bond Tests			Well Failed									
			4. No. of Other Fluid Migration Tests/Evaluations (Specify	on .	Well Passed										
					Well Failed										
	Total Wells	Α		umber of Wells with			7.	7		7				司	
VII.	wells		Number of Casing Repaired/ Squeeze Cement Remedial Actions					-	井		 		=		
Summary					L	<u> </u>	Ţ	<u> </u>		<u> </u>	L	<u> </u>			
of	Total	_		2. Number of Tubing/Packer Remedial Actions			4	4							
Remedial Action	Remedial Actions	В	3. Number of Plugging/Abandonment Remedial Actions										=		
			4. Number of Other Remedial Actions				3	2		퓌	<u></u>				
VIII Domonic-14	d Hoo Parant	/4:	(Specify) ttach additional sheets) SEE ATTACHED			<u> </u>	الــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>		<u> </u>	<u> </u>	1	=	
VIII. Remarks/A	u noc keport	{At	асп а	outional sneets) SEE A	11A(LUTIN				·					
						Cartification	-								

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Signature and Typed or Printed Name and Title of Person Completing Form



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VII. B. 4. The causes of the well failures are not known at this time.